Aim: Recent changes to undergraduate medical curriculum has seen formal teaching time for ENT surgery limited to as little as 1 week in a 5-6 year program. This undoubtedly impacts junior doctors' understanding of the specialty and perhaps their ability to deal confidently with common ENT emergencies. This survey assesses the current understanding and confidence in epistaxis management of junior doctors in West London.
Methods: A 9-point survey was circulated amongst junior doctors (FY1 & 2) at four West London teaching hospitals. Question points assessed understanding of the principles of epistaxis management, adjunct devices, overall confidence and their exposure to ENT surgery in undergraduate teaching.
Results: 102 junior doctors completed the survey. 66% knew appropriate first aid measures. 33% applied pressure to the boney nose. 85% were aware of adjunct first aid options such as topical ice. 19% offer post-epistaxis advice routinely. 30% of junior doctors felt confident in managing epistaxis. Mean undergraduate ENT teaching was 1 week (<1-4 weeks).
Conclusion: Junior doctors lack confidence and some understanding in management of epistaxis. This is a common and potentially life-threatening ENT emergency and foundation curriculum should address this, perhaps in the form of practical skills training.

0583: AUDIT OF PHARYNGEAL POUCH SURGERY IN DERBY FROM 2007–2014, ARE WE FOLLOWING NICE GUIDANCE?

R. Sahota, G. Wijayasingam, J. Ahmed*. *Royal Derby Hospital, Derby, UK*

Aim: Current evidence from NICE on the safety and efficacy of endoscopic stapling of pharyngeal pouches appears adequate to support the use of this procedure, provided that normal arrangements are in place for consent, audit and clinical governance. Our aim was to locally audit and evaluate pharyngeal pouch surgery practice in Derby by comparing it to NICE recommendations for interventional procedures [NICE IPG22].
Methods: We reviewed the case notes of patients who had undergone pharyngeal pouch surgery from 2007-2014. Data obtained included demographics, procedures performed, complications and outcomes. The main outcome measures used were open surgery conversion rates and complications.
Results: We identified 47 operations, upon 37 different patients. The revision rate was 19.1%. Three of the 47 operations performed were via an external approach, two of which were planned and one was a conversion post-failed stapling, leading to a 2.1% conversion rate from failed stapling. Four cases that underwent endoscopic stapling were complicated by perforations.
Conclusion: NICE guidance was followed and our audit results are similar to other published series. We suggest that pharyngeal pouch operations should be undertaken only by otolaryngologists with a specific head and neck interest with regular auditing of outcomes.

0596: ENDOSCOPIC INVESTIGATION AND MANAGEMENT OF INTRACTABLE MÉNIÈRE'S DISEASE

C. McCaffer*, L. Fraser, A. Iyer. *NHS Lanarkshire, UK*

Aim: Application of medication into the middle ear allowing diffusion through the round window has revolutionised the management of Ménière's disease. However, cadaveric studies have demonstrated 21% of temporal bones have an obstructingextraneous round window membrane.
Methods: We present a case of endoscopic investigation and successful treatment of intractable Ménière's disease where transtympanic gentamicin injection failed due to extraneous membrane formation. A 37-year-old female was experiencing disabling vertiginous attacks due to Ménière's disease despite multiple trans-tympanic Gentamicin applications. Endoscopic tympanotomy identified round window obstruction with a pseudo membrane. The round window niche was widened using a skeeter drill and curette. Gentamicin was instilled into the middle ear.
Results: The patient has since remained symptom free for five months.
Conclusion: We recommend endoscopic tympanotomy in patients with intractable Ménière's disease who fail to respond to initial gentamicin treatment. Any identifiable round window pathologycan be managed in this way and the position of the round window membrane can be confirmed. Thus any potentiallabyrinthine destructive operations may be avoided.

0625: HEARING OUTCOMES OF ACTIVE MIDDLE EAR IMPLANT VERSUS BONE CONDUCTION DEVICE IN UNILATERAL AURAL ATRESIA: A SYSTEMATIC REVIEW

G.M. Jama[a,*], N.P. Donnelly[b]. [a] *University of Cambridge School of Clinical Medicine, UK;* [b] *Addenbrooke's Hospital, UK*

Aim: With the advent of new and more widely accessible implantable hearing devices, more options are available for hearing rehabilitation in patients with unilateral conductive hearing loss secondary to congenital aural atresia. We review the literature to evaluate the existing data on hearing outcomes following the application of an active middle ear implant (AMEI) or an osseointegrated bone conduction device (BCD) in this patient group.
Methods: A formal literature search using pre-defined key words was undertaken. Data on the type of hearing device implanted, the number of patients treated, and hearing outcomes were obtained from eligible studies.
Results: Of 411 articles identified, 11 papers contained sufficient information to be included in the analysis. Both hearing devices were associated with favourable aided hearing thresholds and stable hearing results. In BCD users, directional hearing did not appear to be compromised despite cross-stimulation of the cochlea contralateral to the implanted side by means of bone conduction. Disadvantages of the AMEI and BCD included a relatively complicated surgical procedure to place the device and special postoperative care required for the skin-penetrating abutment, respectively.
Conclusion: Current data from the literature suggest that AMEIs and BCDs offer comparable postoperative hearing results.

0664: JUST STOP THE BLEEDING!: HOW KNOWLEDGEABLE ARE DOCTORS ABOUT NOVEL ORAL ANTICOAGULANTS (NOACS) AND HOW DOES THE INCREASED USE OF THESE DRUGS AFFECT THE MANAGEMENT OF PATIENTS PRESENTING WITH EPISTAXIS?

J. Karim*. *Singleton Hospital, UK*

Aim: Epistaxis commonly affects children and adults after the fifth decade. Patients in the latter group are also more frequently diagnosed with atrial fibrillation and subsequently require anticoagulation to reduce the associated risk of stroke. NOACs (rivaroxaban, dabigatran and apixaban) are increasingly being prescribed as an alternative to warfarin as these formulations do not require regular monitoring of anticoagulation effect. The management of patients who experience epistaxis whilst taking warfarin is well described. However, clear guidance does not currently exist for the treatment of patients who present with epistaxis following the initiation of a NOAC.
Methods: A ten-question survey was distributed to otolaryngology registrars and junior doctors to assess their basic knowledge about NOACs and evaluate their ability to manage patients who present with epistaxis whilst taking a NOAC.
Results: There was a significant lack of knowledge about the formulations amongst respondents with only 26% being able to identify the indication for prescribing a NOAC and less than 10% who were aware of the assays required to determine plasma concentrations of the drugs.
Conclusion: There is a need for the creation of a guideline for the management of patients who experience epistaxis whilst being anticoagulated with a NOAC.

0732: A MULTI-CENTRE WARD ROUND AUDIT IN ENT SURGERY

H. Tailor*, A. Qureishi. *Oxford Deanery, UK*

Aim: Ward rounds are an essential part of inpatient care. The Royal College of Physicians (RCP) have published guidelines on best practice for carrying out ward rounds which are endorsed by the Royal College of Surgeons of Edinburgh.
Methods: Using the domains set out in the guidelines by the RCP, ward round practice was evaluated at Milton Keynes General Hospital (MKH) and Northampton General Hospital (NGH) over a four month period
Results: Most attendance was by the SpR and SHO with 5% nurse attendance of ward rounds at MKH and 54% at NGH. Of the remaining domains